

# FIRST STEPS REFERRAL TO ECSE DOCUMENTATION FORM

## 1. Directory Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

## 2. Timeline Information

Date complete Directory Information received by LEA : \_\_\_\_\_ Method of provision: ☐ written ☐ verbal

Total number of days between child's third birthday and the date complete Directory Information is received: \_\_\_\_\_ <120 days? ☐ Yes ☐ No

Date of Referral TO First Steps: \_\_\_\_\_ (found on page 2 of First Steps ROI form or obtained at Transition Conference)

Date of provision of Procedural Safeguards to parent (within 5 schools days of referral): \_\_\_\_\_

Date parental consent for Initial Evaluation received by LEA: \_\_\_\_\_

## 3. IEP by Third Birthday Decision-making Flow Chart

Date of Child's Third Birthday: \_\_\_\_\_ - Date of Referral TO First Steps: \_\_\_\_\_ = Total Number of Days: \_\_\_\_\_ days

